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759	0 01/21/2005		OIPE	have its own certificat	al paper, such as an assignme e of mailing or transmission.	ent of formal drawing, must
Thomas H. Close Patent Legal Staff Eastman Kodak Con 343 State Street Rochester, NY 1465 04/14/2005 ZJUHAR	0-2201	PATER	PR 1 3 2005	I hereby certify that the States Postal Service	rtificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for find Stop ISSUE FEE address PTO (703) 746-4000, on the Company of th	g deposited with the United st class mail in an envelope above, or being facsimile
01 FC:1501 1400.00 DP				Uff	ul 11,2003	
APPLICATIONANO.	APPLICATION FILING DATE 300.00 OF				ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/661,121	09/12/2003		Yuan-Sheng	Tyan	85794RLO	6454
TITLE OF INVENTION: ST.	ABILIZED OLED DEVIC	E				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700 	. 04/21/2005
EXAMINER		ART UNI	т	CLASS-SUBCLASS	]	
GARRETT,	DAWN L	1774		428-690000		
1. Change of correspondence address or indication of "Fee Addres CFR 1.363).  Change of correspondence address (or Change of Correspondences form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
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343 STATE STREET, ROCHESTER, NY 14650-2201						
Please check the appropriate					Corporation or other private g	roup entity Government
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.						
Publication Fee (No si	ted)	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to				
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5. Change in Entity Status  a. Applicant claims SM	MALL ENTITY status. See	37 CFR 1.27.			ALL ENTITY status. See 37	
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Authorized Signature	anela C.	Crocker	Lpc	Date	4-8-05	
Typed or printed name	amela K.	Crocke	r	Registration	/	7
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